

Staff Training Survey -- Nebraska MEP

Date(s):_____ Location:_____ Training Title:_____

Administrator/Principal: ☐ Teacher: ☐ Paraprofessional: ☐ Recruiter: ☐ Family Educator: ☐
Other (specify):_____

Directions: Mark next to the number that best matches your opinion.

1. How **relevant and informative** was the training?

Exceeds expectations	Satisfactory	Very little	Not at all	Not applicable
4	3	2	1	N/A

2. How **applicable** was the training to your work with migrant students?

Exceeds expectations	Satisfactory	Very little	Not at all	Not applicable
4	3	2	1	N/A

3. How useful were the **materials** provided at the training?

Exceeds expectations	Satisfactory	Very little	Not at all	Not applicable
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How will you use this training to improve services for Nebraska MEP students?

What recommendations do you have for future training?

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